

<b>Case Number:</b>	CM14-0204199		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	04/29/2014
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 31 year old male with an injury date of 04/29/14. Based on the 10/31/14 progress report, the patient complains of intermittent moderate achy left knee pain and stiffness with weakness. The pain level is at 7/10. The patient also suffers from depression and anxiety. There is tenderness to palpation of the lateral joint line, medial joint line and superior border of patella. There is muscle spasm of the anterior knee, Positive McMurray's test and has antalgic gait. The diagnoses are: 1. Left knee internal derangement 2. Anxiety 3. Depression The treatment plans are request for physical therapy and acupuncture to increase range of motion and decrease spasm/pain. Also, request for Ortho-surgical consult to discuss invasive treatment options. Based on the 11/03/14 report, the patient visited [REDACTED] for Medication Consult of Anaprox, Protonix, Norco, Cl 30gram, FL 30gram, and GAC 30gram. The patient has sharp, throbbing, burning pain in the left knee with numbness/tingling. The pain radiates down to left leg and the pain level at 8-10/10. There is tenderness to palpation of the medial lateral joint line. The treating physician is requesting Acupuncture for the left knee 1-2 times per week for 6 weeks and MD consult for medication per 08/19/14. The utilization review determination being challenged is dated 11/24/14. The requesting physician provided treatment reports from 07/10/13-11/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Acupuncture for the Left Knee (1-2 times a week for 6 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 13 of 27.

**Decision rationale:** This patient presents with left knee internal derangement, anxiety, and depression. The request is for acupuncture for the left knee 1-2 times per week for 6 weeks. The utilization review letter shows that the patient has had 24 acupuncture sessions and 30 physical therapy sessions prior to the request. MTUS support acupuncture, and allows 1-3 times per week for 1-2 months and additional treatments if functional improvement has been demonstrated. Functional Improvement is defined in labor code 9792.20(e) as follows: "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam... and a reduction in the dependency on continued medical treatment. In this case, the patient has recently had 24 sessions but the treater does not discuss the patient's response, functional improvement in terms of ADL's or work status changes and decreased dependence on medical treatments. Given the lack of discussion regarding functional improvement, additional acupuncture treatments would not be indicated. The request is not medically necessary.

**MD Consult for Medication:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Occupational Medicine Practice Guidelines, Second Edition; Chapter 7, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, consultation.

**Decision rationale:** This patient presents with left knee internal derangement, anxiety, and depression. The request is for MD consultation for medications. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Review of report shows the patient has seen [REDACTED] for medication consult of Anaprox, Protonix, Norco, Cl 30gram, FL 30gram, and GAC 30gram on 10/31/14. However, there is no discussion why this patient needs additional medication consult and for which medications. The treater does not discuss this particular request. The request is not medically necessary.